State	e of Minnesota			District Court
Coun	ty	Judi	cial District:	
		Cou	rt File Number:	
		Case	e Type:	Family
In Re	the Custody of:			
Born	(mo/day/yr)		Motion 1	e Notice of Motion and to Establish Custody Parenting Time
(Petit	ioner/Plaintiff)			
vs.				
(Resp	oondent/defendant)			
TO:				
10.	First	Middle		Last
	Street Address			Apt. #
	City	State		Zip Code
TO:				
10.	First	Middle		Last
	Street Address			Apt. #
	City	State		Zip Code
		NOTICE	<u>.</u>	
	PLEASE TAKE NOTICE	E that on	,	, at
o'clo	ckm., before			
	ckm., before	(Name	of Judge or Judio	cial Officer)
in roc	om	of the		
locate	ed at			
Minn	esota, I will ask the Court for	or an Order granting me t	the following reli	ef:

RESPONSIVE MOTION

1.	The name(s) and date(s) of birth of the minor child(ren) involved are:	
	Child's Full Name	Date of Birth
2.	My relationship to the child(ren) is: ☐ Mother ☐ Other	
3.	Legal custody identifies who will have a right to make decisions regard	ding the education, religious,
	and medical upbringing of the child(ren). Legal custody of the child(ren)	n) should be granted: (check
	one)	
	a. Jointly to both me and	
	□ b. Solely to (check one): □ Me □ The other party (print full name)	
4.	Physical custody identifies with whom the child(ren) will live. Physical	cal custody of the child(ren)
	should be granted to (check one):	
	□ a. Jointly to both me and the Other Party:	
	(Full Name) b. Solely to (<i>check one</i>):	
	□ Me	
	☐ The other party (<i>print full name</i>)	
5.	Parenting Time for the minor child(ren) and (check one):	
	☐ Me ☐ Other party (print full name):	
	should be ($check$ one) \Box Supervised \Box Unsupervised	
6.	Parenting time with: ☐ Me ☐ Other party (print full name):	
	should be scheduled as follows: (If joint physical custody is requested	check both "Me" and "Other
	party" and clearly explain when the child is with each parent. If sole p	hysical custody is requested,

a)	Weekends:
b)	Week nights or after school:
c)	Holidays:
d)	School release days:
e)	Birthdays:
f)	Summers:
g)	Telephone Contact:
h)	Other:
	a. Check one: ☐ Petitioner ☐ Respondent per month for support of the mino child(ren). The payments should be automatically withheld from the other party's wages and paid to me according to M.S. §518.6111.

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	□ b.	I should pay: Check one: ☐ Petitioner ☐ Respondent			
		\$ per month for support of the minor child(ren). The payments should be automatically withheld from my wages and paid to the other party according to M.S. §518.6111.			
	□ c.	There is currently a court order requiring			
		to pay child support to			
		in the amount of \$ per month. The child support order is in			
		court file no			
	□ d.	Other:			
8.		rmining each party's obligation to pay medical support to the other party in regard to the l(ren) in his/her physical custody.			
9.		rmining each party's share of the cost of medical and dental expenses not covered by rance and incurred by the child(ren).			
10.		Determining each party's share of the cost of the work or educational-related child care expenses in regard to the child(ren).			
11.	Grar	ating additional relief as follows:			
12.	Gran	ating such other and further relief as the Court may deem just and equitable.			

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VERIFICATION AND ACKNOWLEDGEMENTS

- a) I have read this document. To the best of my knowledge, information and belief, the information contained in this document is well grounded in fact and is warranted by existing law.
- b) I have not been determined by any Court in Minnesota or in any other state to be a frivolous litigant and I am not the subject of an *Order* precluding me from serving or filing this document.
- c) I am not serving or filing this document for any improper purpose, such as to harass the other party to cause delay or needless increase in the cost of litigation or to commit a fraud on the Court.
- d) I understand that if I am not telling the truth or if I am misleading the Court or if I am serving or filing this document for an improper purpose, the Court can order me to pay money to the other party, including the reasonable expenses incurred by the other party because of the serving or filing of this document, court costs and reasonable attorney's fees.

Dated:		
	Signature	
	Name:	
	Street Address:	
	City/State/Zip:	